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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
<b>FEE TRANSMITTAL</b>		Application Number	10/678,145
<b>for FY 2009</b>		Filing Date	10/6/2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Walter C. Babcock
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1650)		Examiner Name	JAMES HENRY ALSTRUM ACEVEDO
		Art Unit	1616
		Attorney Docket No.	0003.0587

**METHOD OF PAYMENT** (check all that apply)

- Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_
- Deposit Account    Deposit Account Number: \_\_\_\_\_    Deposit Account Name: \_\_\_\_\_
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

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Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Fee Description	Small Entity
Each claim over 20 (including Reissues)	Fee (\$) 52      Fee (\$) 26
Each independent claim over 3 (including Reissues)	Fee (\$) 220      Fee (\$) 110
Multiple dependent claims	Fee (\$) 390      Fee (\$) 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependant Claims
_____	X	=	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ X = _____				
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)
_____	X	=	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ X = _____				
HP = highest number of total claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____	(round up to a whole number) X _____ = _____	Fee (\$)	Fee Paid (\$)

**4. OTHER FEE(S)**

Notice of Appeal Fee (large entity)

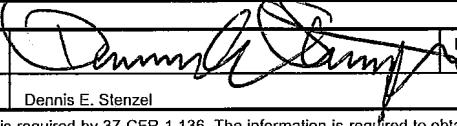
Other (e.g., late filing surcharge): Petition for 3 mo. extension of time (large entity)

Fee Paid (\$)

540

1110

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 28,763	Telephone 503-227-5631
Name (Print/Type)	Dennis E. Stenzel	Date 02/01/2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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